

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: REMOVABLE KEYBOARD

Attorney Docket Number:: 003797.00776

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gregory  
Middle Name:: G.  
Family Name:: JONES  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 7530 31<sup>st</sup> Avenue NE  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: W.  
Family Name:: FISHER  
Name Suffix::  
City of Residence:: Kirkland  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 13121 70<sup>th</sup> Lane NE  
City of mailing address:: Kirkland  
State or Province of mailing address:: WA

Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 98034

Applicant Authority Type:: Inventor  
 Primary Citizenship Country::  
 Status:: Full Capacity

Given Name::  
 Middle Name::  
 Family Name::  
 Name Suffix::  
 City of Residence::  
 State or Province of Residence::  
 Country of Residence::  
 Street of mailing address::  
 City of mailing address::  
 State or Province of mailing address::  
 Country of mailing address::  
 Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 28319

### **Representative Information**

Representative Customer Number:: 28319

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Microsoft Corporation  
 Street of mailing address:: One Microsoft Way  
 City of mailing address:: Redmond  
 State or Province of mailing address:: WA  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 98052